PTO/SB/22 (12-04)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2005** *(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*	Docket Number (Optional) 019856-000210US
Application Number 10/748,765	Filed December 29, 2003
For METHODS OF TREATING AND/OR PREVENTING AUTOIMMUNE DISEASES	
Art Unit 1647	Examiner C. M. Woodward

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☒	One month (37 CFR 1.17(a)(1))	$120	$60	$ 120
☐	Two months (37 CFR 1.17(a)(2))	$450	$225	$
☐	Three months (37 CFR 1.17(a)(3))	$1020	$510	$
☐	Four months (37 CFR 1.17(a)(4))	$1590	$795	$
☐	Five months (37 CFR 1.17(a)(5))	$2160	$1080	$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430 . I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 42,058

☐ attorney or agent under 37 CFR 1.34.
  Registration number if acting under 37 CFR 1.34 _____

_____ Signature   4/6/06 Date

Annette S. Parent, Reg. No. 42,058
Typed or printed name

925-472-5000
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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